

Instructions and Information for Reporting
DHHS Quarterly Performance Indicator and Outcome Reports
Adult Mental Health Services and Children's Behavioral Health Services
Fiscal Year July 1, 2006 to June 30, 2007

1. It is preferred that quarterly performance reports be provided electronically. Some contracts require that they be sent to the agreement administrator specified in Rider B, Section 6 and/or to the quality improvement manager or quality assurance manager. Sending them to everyone in one e-mail is preferable. It is not necessary to send hard copies of reports when they have been provided electronically.
2. Send all reports as a single Excel Spreadsheet attachment only; please do not paste the spreadsheet into an e-mail or Word document. Please send only the reports required for your agency; delete the blank worksheet report forms that do not apply to your agency's operations. Send all reports for children in one spreadsheet and all reports for adults in one spreadsheet.
3. If a report is resubmitted, the date of resubmission is to be placed on the first page where indicated in the upper left area of the report form.
4. If data in a previous quarter is changed from what was reported for a previous quarter, it is necessary to note the date the change was made, the quarter affected and the specific change. These are to be listed in the comments section appearing at the end of the report.
5. It is expected that answers to all questions will be provided; do not put "not applicable" in the reporting section. Use the comments section to fully explain missing information or other significant information about the data as needed.
6. Some report forms are used for more than one service. If an agency has a contract or contracts for more than one service using the same report form, the agency is expected to combine the information into one report. For example, if the agency is providing "outreach" services as well as "child and family community support," both are reported on the same "other support services" report form (after combining data from both services). Likewise, if the agency is providing "individual and group counseling" as well as "diagnosis and evaluation" services, both are reported on the same "outpatient" report form. The last sentence in most service definition sections in Rider A states which report form is to be used for the contract service being defined.
7. It is expected that reports will include information on prior quarters. This enables readers of reports to see and compare information from each quarter on the same report form while the fiscal year progresses.
8. When an agency provides services in more than one region and the participant transfers from one region to another within the same agency, count the transfer as a discharge from the first region and an admission to the region he/she transferred to. Also, if a child turns 18 during the fiscal year and moves on to an adult program, count that as a discharge for the children's service and an admission to the adult service. However, when the participant simply changes clinicians (or other staff) within the same service, do not count these changes as admissions and discharges.
9. Contracts covering more than one region require separate reports for each region. All reports must go to the region that holds the contract. That region forwards reports to other regions as applicable. Sending reports to the other region at the same time is not required, but is appreciated.
10. A report that lacks the name of the agency with contact person and contact information will be considered incomplete.

11. The names/titles of reports should never be altered. Feel free, however, to add titles or names of programs (after the name of the agency) to the area that has the name of the agency.
 12. Do not insert formulas into spreadsheets/report forms. When we perform inter-agency comparative studies, sometimes these formulas cause errors in ratio analysis on the data across several agencies providing the same program.
 13. Text messages should not be inserted into data fields or any other area except the comments section. Do not alter the structure or format of the spreadsheets in any way - except to delete report forms not needed by your agency.
 14. When comments are typed below the page break, they will not print off. It is necessary to change the page break in those situations.
 15. While some contracts are not written for the exact same months as others, reporting will still be expected to coincide with current quarterly time periods (i.e., 1st quarter July, August and September; 2nd quarter October, November and December; 3rd quarter January, February and March; and 4th quarter April, May, and June). Likewise, agencies that have quarters that do not coincide are expected to conform to these DHHS quarterly time periods.
 18. Crisis reports serving children will not include anybody over the age of 17. Other reports for childrens' services may count non-minors served in their program count.
 19. Contracts serving only one person are exempt from quarterly performance indicator and outcome reporting.
 20. Unduplicated served for the year means served at any time during the year; it does not necessarily mean the person was served for the entire year. If the individual was served, discharged, and admitted again, then count as only one. Also, count if the participant was on a caseload -- even if not billed for.
- If the only way to determine the unduplicated number is to get it from billing data using social security numbers, that is acceptable as long as a note is put in the comments section about how the number was determined. It will be understood that there were more served who were on caseloads; but no service was billed for in the fiscal year.
21. When reporting unduplicated age five and under count for a child who turns six during the fiscal year, count as if the child was five for the whole year.
 22. Report deaths as discharges. And when reporting on where individuals were discharged to, identify that the person was discharged to "other setting."
 23. Continue to count individuals as served even when the service is no longer being billed for that individual - since (unless instruction on report forms direct you otherwise) they are still participating in a service DHHS funds.
 24. When reporting FTEs, count unpaid interns as long as they are legally appropriate for providing the service; and note their involvement in the comments section.